

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>WOMEN SPEAK OUT PAC</b>                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                        | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00530766                                                                                                                                                                                                                          |  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> |  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |  |  |
| Full Name of Payee<br><b>Campaign Graphics</b>                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span><br><b>08 / 04 / 2016</b> |  |  |
| Mailing Address <b>1229 N. Wakonda Street</b>                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                        | Amount<br><span style="border: 1px solid black; padding: 2px;">307.88</span>                                                                                                                                                                                               |  |  |
| City <b>Flagstaff</b> State <b>AZ</b> Zip Code <b>86004</b>                                                                                                                                                                                                                                                                                                                                             |  | Transaction ID : <b>SE.6187</b><br>Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span><br><b>08 / 04 / 2016</b> |                                                                                                                                                                                                                                                                            |  |  |
| Purpose of Expenditure<br>lapel stickers                                                                                                                                                                                                                                                                                                                                                                |  | Category/Type<br><span style="border: 1px solid black; padding: 2px;">004</span>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            |  |  |
| Name of Federal Candidate<br><b>HILLARY RODHAM CLINTON</b>                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>                          |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;">72807.88</span>                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                    |  |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                        | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>                          |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                        | Amount<br><span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                     |  |  |
| City _____ State _____ Zip Code _____                                                                                                                                                                                                                                                                                                                                                                   |  | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>                                                             |                                                                                                                                                                                                                                                                            |  |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                  |  | Category/Type<br><span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                            |  |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                                    |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                    |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                        | <span style="border: 1px solid black; padding: 2px;">307.88</span>                                                                                                                                                                                                         |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                        | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                                                                                                                                               |  |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                        | <span style="border: 1px solid black; padding: 2px;">307.88</span>                                                                                                                                                                                                         |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                             |  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            |  |  |
| Signature <u>Emily Buchanan</u><br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                        | Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span><br><b>08 / 04 / 2016</b>                                         |  |  |